

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No. 030392 / BILL-0126
Applicant(s): Samuel Zellner		

Application No. 10/713,939	Filing Date November 13, 2003	Examiner Charles T. Shedrick	Group Art Unit 2687
-------------------------------	----------------------------------	---------------------------------	------------------------

Invention: A METHOD, SYSTEM, AND STORAGE MEDIUM FOR PROVIDING COMPREHENSIVE ORIGINATOR IDENTIFICATION SERVICES

RECEIVED
CENTRAL FAX CENTER

MAY 01 2006

RCE (1 PG); AMENDMENT TRANSMITTAL (1 PG); AMENDMENT (15 PGS);
TRANSMITTAL OF INFORMATION DISCLOSURE (2 PCS); FORM 1449 (1 PG)

I hereby certify that this

(Identify type of correspondence)

is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-8300)

on May 1, 2006

(Date)

Sandy Yopp

(Typed or Printed Name of Person Signing Certificate)

Sandy Yopp

(Signature)

Note: Each paper must have its own certificate of mailing.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 030392 / BLL-0126	
Applicant(s): Samuel Zellner					
Application No. 10/713,939	Filing Date November 13, 2003	Examiner Charles T. Shedrick	Customer No. 36192	Group Art Unit 2687	Confirmation No. 4821

Invention: A METHOD, SYSTEM, AND STORAGE MEDIUM FOR PROVIDING COMPREHENSIVE ORIGINATOR IDENTIFICATION SERVICES

RECEIVED
CENTRAL FAX CENTER

COMMISSIONER FOR PATENTS:

MAY 01 2006

Transmitted herewith is an amendment in the above-identified application.

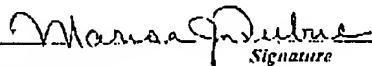
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	22 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- No additional fee is required for amendment.
- Please charge Deposit Account No. _____ in the amount of _____
- A check in the amount of _____ to cover the filing fee is enclosed.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account
 - Any additional filing fees required under 37 C.F.R. 1.16.
 - Any patent application processing fees under 37 CFR 1.17.
- Payment by credit card. Form PTO-2038.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.


Signature

Dated: May 1, 2006

Marisa J. Dubuc
Registration No. 46,673
Cantor Colburn LLP
55 Griffin Road South
Bloomfield, CT 06002
Phone: 860-286-2929
Fax: 860-286-0115

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____.

(Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC: